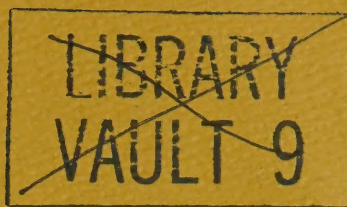


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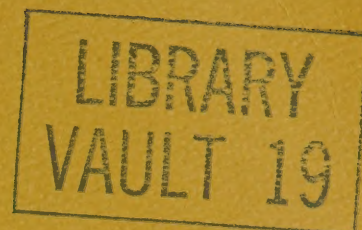


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University of Alberta Hospital

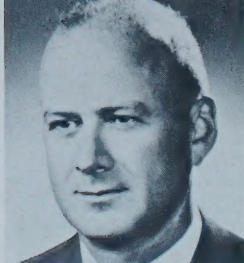


FORTY FIFTH ANNUAL REPORT

1967



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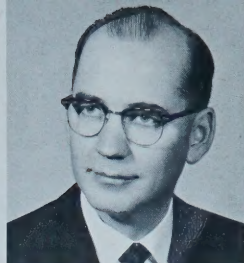
G. K. WYNN
Chairman



E. A. D. McCUAIG



MRS. W. F. BOWKER



E. A. CHRISTENSON



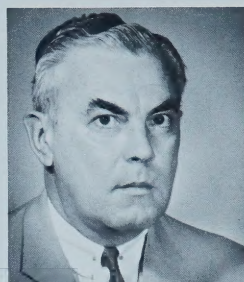
DR. J. E. YOUNG



K. J. HAWKINS



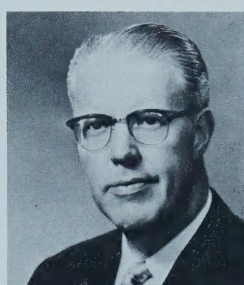
M. ROGER PARKER



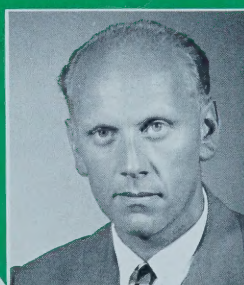
DR. W. JOHNS
President U. of A.

The board

of Governors

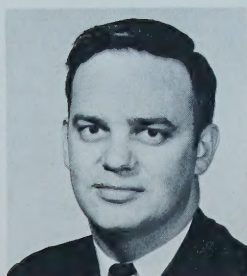


DR. W. C. MacKENZIE
Dean of Medicine

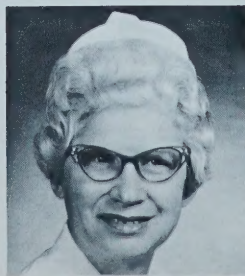


DR. B. SNELL
Executive Director

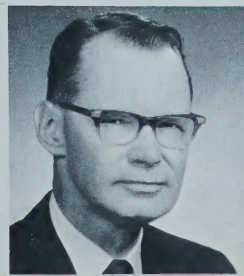
Executive Staff



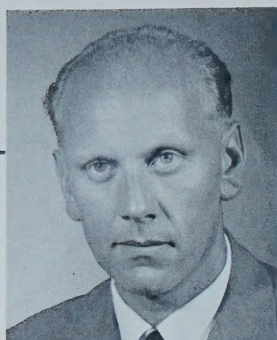
DR. J. G. READ
Medical Director



MISS M. G. PURCELL
Director of Nursing



G. C. SHERWOOD
Business Administrator



DR. B. SNELL

report of executive director

It is my pleasure to present the Annual Report of the University of Alberta Hospital for the year 1967. This report summarizes and highlights the activities of the Hospital during the year. Detailed reports from the individual departments have been issued separately, and are available upon request. These reflect the continued increase in the activities in the Hospital which has been so evident in recent years.

Canada's centennial year was also the University of Alberta Hospital's 53rd year of operation. Over this time the hospital has established a major reputation in the field of health care, education and research, and as the largest active treatment hospital in the Province, it has had a considerable sociological and economic impact on the community in Edmonton. As the main teaching hospital of the Health Science Faculties of the University of Alberta, the hospital is the workshop for health care and for health-education and research in a clinical setting. The hospital has participated in many scientific advances in the health field and our staff are aware that, in this field, to stand still is to fall behind. They have therefore, played a significant and enthusiastic part in the planning for the future University of Alberta Health Sciences Centre to help create the physical facilities which would enable their departments better to serve the health

needs of the people of this province, and to serve the educational programs of the Faculty of Medicine and other Health Science Faculties of the University.

Although the number of "patient days" has remained fairly constant during the past few years, the services rendered to each patient have continued to increase as is shown in the following statistics:

	1966	1967
Operations	18,822	19,582
X-ray Examinations	66,369	76,668
Visits to Emergency	32,864	41,067
Units of Laboratory Work	1,819,442	2,074,233

As a result of this increasing activity and the increases in the cost of salaries, wages and supplies, the operating costs of the hospital rose considerably during the year and produced a substantial year-end deficiency of payments. The special roles of the University Hospital will continue to have an effect on the hospital's cost structure and if it is to meet its obligation as a referral centre, teaching and research institution, it is essential that a new approach to financing the hospital be developed to enable us to balance our budget in future years.

As a result of the acute shortage of nursing staff experienced in 1966, local recruiting activity for nursing personnel was increased and an overseas recruiting campaign was launched. The consulting firm of Kates, Peat, Marwick was retained

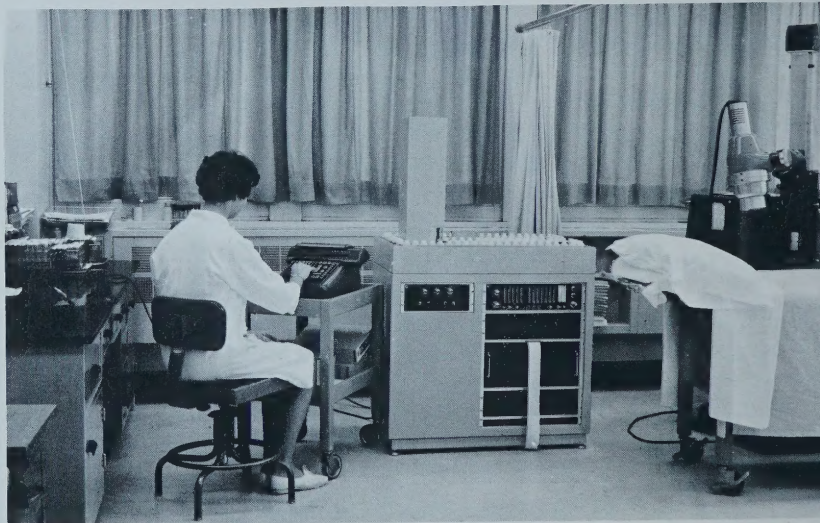
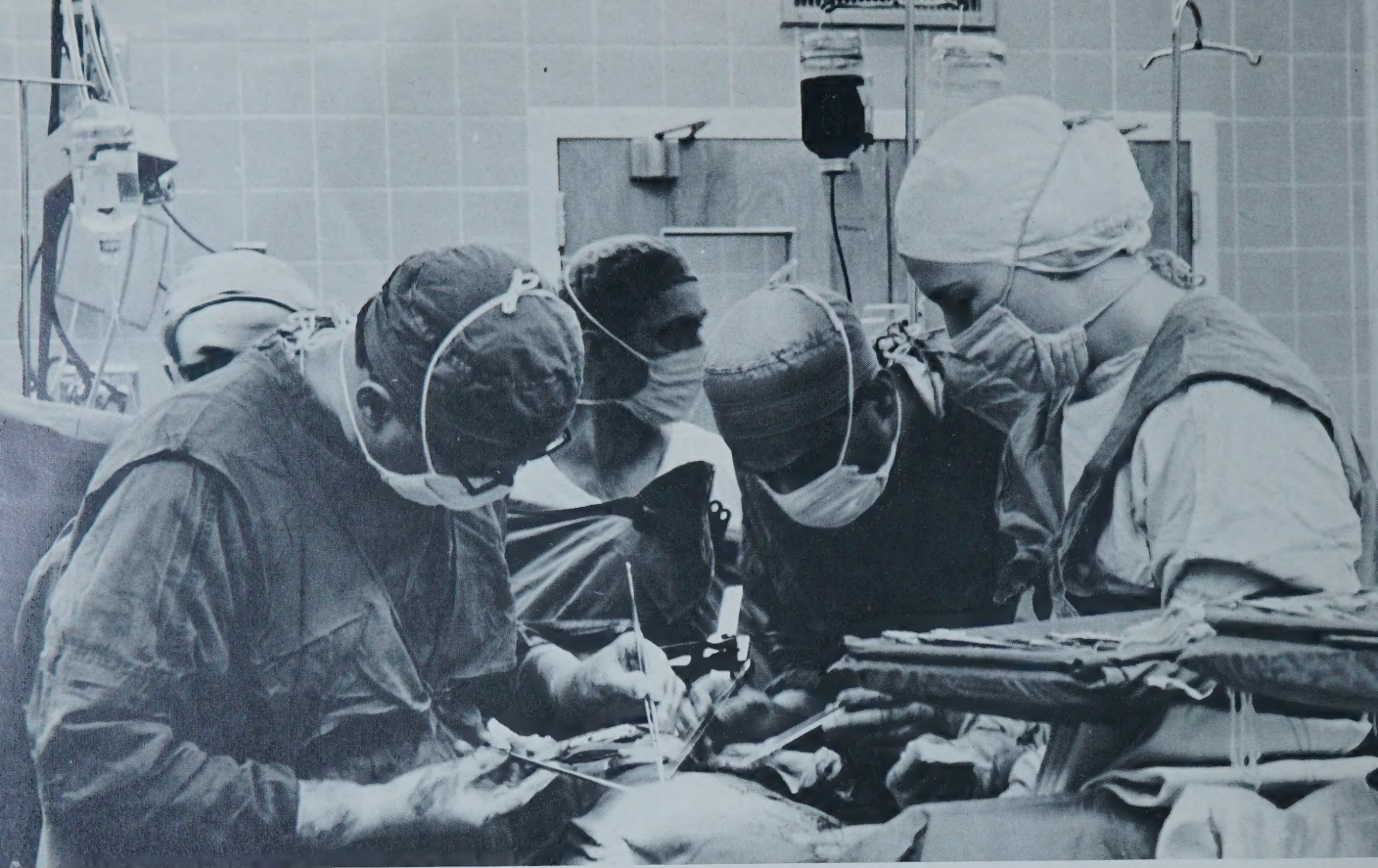
to undertake a study into the causes of the nursing shortage and to make recommendations to alleviate this. Many of their recommendations have been implemented and these actions, in association with increased recruitment, have improved the nursing staff situation considerably and enabled most of the beds which were closed toward the end of 1966 to be re-opened.

Many married nurses are prevented from practicing their profession because of difficulty in having their children cared for during working hours. Towards the end of 1967 the hospital opened a child care centre which would care for the children of hospital staff at reasonable rates. Although the utilization of the centre is increasing rather slowly at the present time, it is hoped that this facility will help the staff and at the same time, act as an incentive to recruitment.

Most hospitals have followed the "topsy" method of developing an administrative structure and having developed it, they regard the result as a frozen sequence of mistakes which could not be melted down and recast. The history of the administrative organization of the University Hospital followed the usual pattern but in 1967 the Board, recognizing that our administrative organization lagged behind our physical growth, appointed the consulting firm of Kates, Peat, Marwick to study the hospital and to recommend changes in the administrative structure. The Consultants' report will be submitted early in 1968.

Other programs which were instituted in 1967 included the opening of the Coronary Care Unit, and of the Family Clinic which will ultimately replace the organized Out-patient Clinic. Details of these and other patient care, teaching and research developments during the year are included in the various departmental reports, which are available upon request.

In general, 1967 has been a stimulating year for the staff of the hospital. The support of the senior administrative staff and the co-operation and support of Dr. MacKenzie and other members of the Medical Faculty and of the other Health Science Faculties of the University are very much appreciated. I would also like to record my personal appreciation to members of the Hospital Board, whose interest and support have been of great value to me and other members of the Administration during the year.



SURGICAL PROCEDURE BEING
PERFORMED IN OPERATING ROOM
HOUSEKEEPING DEPARTMENT
CLEANING DOWN WALLS

AUTOMATED RADIOACTIVITY COUNTING
MACHINE IN RADIOISOTOPE LABORATORY



PREPARING PATIENTS MEAL TRAYS
CHANGE OF SHIFT AT THE
NURSING STATION
ALTERATIONS BEING CARRIED
OUT BY RENOVATIONS CREW



report of business administrator

MR. GEORGE C. SHERWOOD

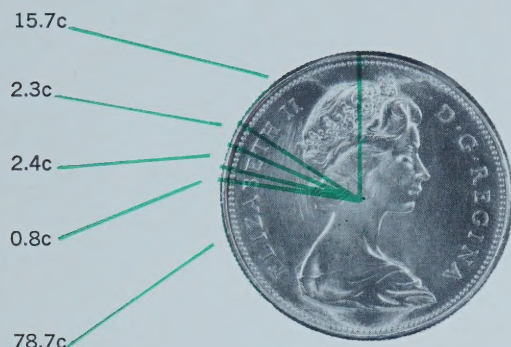
The cost of operating the University of Alberta Hospital in the year 1967 increased by \$1,901,400.00 over the previous year, representing a percentage increase of 16.8%. In 1966 the comparative increase was \$1,487,200.00 or 15.2%. The most significant increase occurred in respect to the cost of payroll, which increased by \$1,496,000.00 or 18.2%, whereas all other expenses increased by \$405,400.00 or 13.2%.

These increases do not represent any single or significant change, or increase in the size of the University of Alberta Hospital as measured by the usual standards. There have been increases in the activity of the hospital in essentially all departments and these have contributed to the increased cost of operation, but the major contributing factor remains as the increased cost of salaries and wages due essentially to the consequences of collective bargaining throughout the entire hospital industry. The incomes and working conditions of hospital personnel have too long been

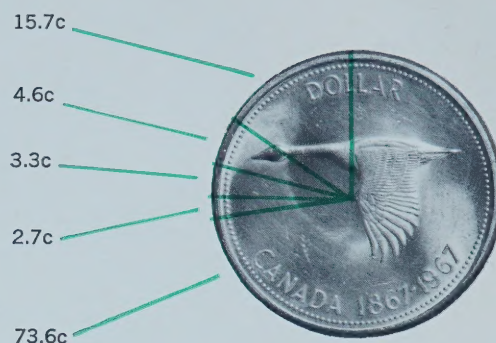
held in an inferior position to the standards of our society and the catching-up process through the medium of collective bargaining is now being achieved coupled with the determination of hospital employees to do as well or better at the bargaining table as any other representative group demanding an increased share in the nation's economy. Despite the insistence that costs must be controlled and held to what is regarded as reasonable levels, it can nevertheless be predicted that the trends of the past few years will continue on an almost uncontrollable basis short of a forced or natural curtailment on a national scale of the increased demands for higher wages and improved working conditions and their ultimate fulfilment.

As a consequence of its operation in the year 1967, the University of Alberta Hospital has been left with a deficit of \$634,500.00. Aside from the significance of this amount compared to any previous year, it has placed a severe strain on the hospital's operating cash resources and must ultimately be met by the Provincial Government either by recognition of the special role of this hospital (which would permit sharing with the federal government), or as a direct payment from the Provincial Treasury.

THE DOLLAR COMES FROM:



THE DOLLAR IS SPENT ON:



THE DOLLAR COMES FROM:

Alberta Hospitalization Benefits Plan	\$10,360,000.00	78.71%
Federal Government on behalf of D.V.A. and D.N.D. Patients	308,000.00	2.34
Private and Semi-Private differential	315,300.00	2.40
Provincial Government—direct hospitalization payments	105,100.00	.80
Other Sources—W.C.B., Blue Cross, Private Insurance, Non-Residents	2,074,200.00	15.75
	\$13,162,600.00	100.00%

THE DOLLAR IS SPENT ON:

Payroll	\$ 9,689,200.00	73.61%
Food and Dietary Supplies	606,800.00	4.61
Medical Supplies	2,067,400.00	15.71
Plant Maintenance—excluding depreciation	433,900.00	3.30
All Others	365,300.00	2.77
	\$13,162,600.00	100.00%

OUR PRINCIPAL ASSETS:

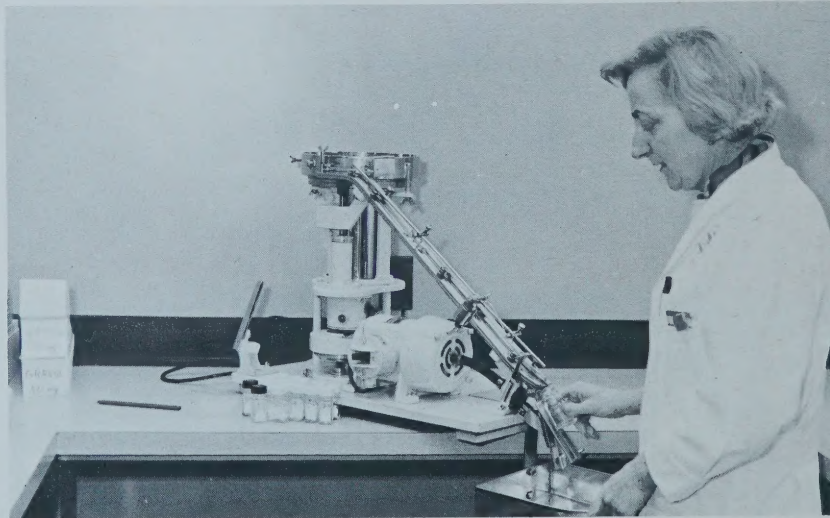
Inventories	\$ 570,700.00
Accounts Receivable—less provision for doubtful accounts	2,366,400.00
Plant Funds—including land, buildings, equipment & receivables	21,480,000.00

CURRENT LIABILITIES:

Demand Loans and Overdrafts	453,100.00
Accounts Payable	416,100.00
Deferred Income	766,826.00

SOURCES OF CAPITAL FUNDS:

Province of Alberta	10,360,000.00
Federal Provincial Plan	8,134,000.00
University Hospital	1,314,000.00
Federal Government	687,600.00
Debenture Debt	533,400.00
Other Sources	436,000.00



STUDENT NURSES AT LECTURE SESSION
 SORTING SURGICAL INSTRUMENTS
 FOR REPACKAGING AND RESTERILIZING
 PREPACKAGING DRUG TABLETS
 INTO DISPENSING UNITS

1967 service statistics

THESE STATISTICS TELL THE STORY OF THE CONTINUAL PROVISION OF MANY SERVICES PROVIDED BY MANY PEOPLE AT THE UNIVERSITY OF ALBERTA HOSPITAL

ADMISSIONS
22,695



BIRTHS
2,253



EMERGENCY
PATIENTS
41,067



SURGICAL
OPERATIONS
19,582



PRESCRIPTIONS
249,660



MEALS
SERVED
1,528,215



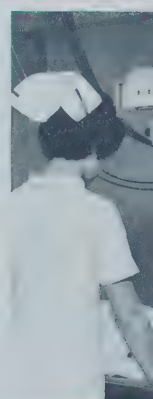
BLOOD
TRANSFUSIONS
(BOTTLES USED)
9,496



LAUNDRY
PROCESSED
5,829,185 LBS.



X-RAY
EXAMINATIONS
76,668



UNITS
OF
LABORATORY
WORK
2,074,233

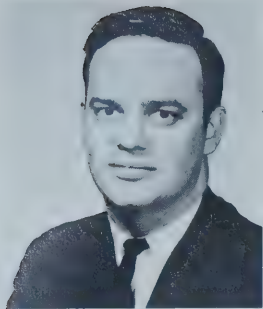


REHABILITATION
TREATMENTS
132,760



HOURS OF
VOLUNTEER
SERVICE
12,554





DR. J. G. READ

report of medical director

A review of the more detailed departmental reports reveals that 1967 was a very active year. Further review of these annual reports also serves to confirm 1967 as a continuance of the ever-increasing role of the hospital in patient care, education, and research.

Statistics will reveal only a part of the picture, but they do provide an ample guideline to the productivity of 1967. In this year, the Medical Staff published or presented approximately 450 papers, received approximately 78 honours or awards, and began, carried on, or completed approximately 146 research projects.

The implications of this productivity are noted in steadily increasing figures for various work loads, not only in the clinical departments, but in others such as Medical Records, Social Service, Pharmacy, etc.

Increased demands have been felt, particularly in the Emergency Department and the Departments of Clinical Laboratory Services and Radiology. The establishment of a position for a salaried physician will represent a major change in the mode of assuring proper and efficient care of patients in Emergency, but the effects of such an approach will continue to be assessed for its impact on the educational opportunities of this department. The Department of Clinical Laboratory Services continues to use paramedical personnel, to a very large extent, to combat its ever-growing load. It is one of the key areas in the hospital to seize the advantages of automation, and shows every sign of extending this form of assistance in the near future. The development of plans to renovate and expand the physical facilities of Radiology will help ease the very tight space situation that compounds Radiology's growing work load.

The Department of Anaesthesia joins the growing list of departments which second residents on a regular basis to other hospitals for training. Rehabilitation, under the auspices of a new department head, has improved its requisitioning and reporting procedures and has taken major steps to improve the liaison with other departments, and other hospitals in the city. Psychiatry continues to put more and more emphasis on programs dealing with out-patients and day-patients, probably with the interesting side effect that the in-patient psychiatric areas care for persons more acutely in need of attention, causing increased needs for constant nursing care in these areas. The Department of Medicine is a good representative of a clinical department becoming more involved in fundamental research in molecular biology, and in the integration of Ph.D.

programs with existing post-graduate fellowship programs. The Department of Paediatrics and the Department of Obstetrics and Gynaecology have not had as marked an increase in patients and procedures as other departments, but the demands on these departments have, nevertheless, been added to by the complexity of medical activities now seen emerging in all areas. This is exemplified by such things as the Premature Nurseries, and the Infertility and Stress Incontinence Clinics.

The Pharmacy Department handles its ever-growing load with a relatively small number of pharmacists, assisted by increased use of data processing in its activities. Social Service, under a new department head, has seen a number of improvements in expanding the volume and scope of its services available to a number of the clinical departments. Medical Records, in addition to handling the growth in numbers of routine patients' charts, also reflects the demands of increasing research activity, in searching and pulling up to 10,000 charts in 1967 for this purpose. The very complete report of the Special Services and Research Committee again demonstrates the inestimable value of an in-house organization to assess, assist, and, perhaps most important, to catalyze new developments and research in the hospital.

The above can only highlight a great number of very active programs, without doing justice to everyone. Further elaboration would only duplicate departmental reports. There are, in addition to these activities, however, a number of things which do not fall into departmental classification.

Renovations to improve or expand space in clinical departments in 1967 involved the Renal Dialysis Unit, Ophthalmology, the Blindness Control Program, the Eye Bank, Orthoptics, the Family Clinic, the E. E. G. Laboratory, the Renal Dialysis Laboratory, the Neurological Intensive Observation Area, the Medical Records Department, the Emergency Department, Pharmacy, and Speech and Hearing.

The Medical Staff Government came under review in 1967 with the commencement of a study of by-laws, and rules and regulations of the Medical Staff, which will probably undergo major changes. At the same time, the usefulness of the Professional Activity Study and the Medical Audit Program were opened for review by a committee of the Medical Staff to review what impact it could have in assessing the quality of patient care within the hospital, and also in decreasing the amount of committee work necessary in the present medical staff organization. Some of the forces bringing about these changes were identified in the topics of discussion of the Joint Conference Committee meeting of 1967, consisting of the

members of the Hospital Board and the Medical Advisory Board. The topics were "Changing Patterns of Medical Care", "Changing Patterns of Graduate Education", and "The Role of the University Hospital in Medical Research".

The Medical Staff Academic Fund continued throughout 1967 to increase its very worthwhile assistance to such things as educational assistance to members of the resident staff, the John Scott Library, and visiting professors.

Problems and their solutions are always a part of a large institution. However, 1967 saw a number of activities or programs instituted which cross traditional departmental boundaries and interests. A few samples of such problems and solutions in 1967 were joint appointments between clinical and basic departments; integration of family practitioners into two or more clinical departments for in-patient privileges; development of a Suicide Unit to obtain the best of both medical and psychiatric treatment for these patients; the clarification of "short term" Superintendent's Privileges to facilitate encompassing physicians temporarily into the Medical Staff for educational and research purposes; the development of regulations allowing those people involved in the Renal Transplant Program to move more quickly across established areas of responsibility in such things as admitting priorities; increasing the scope of the Intravenous Team's responsibilities; extending the activities of Certified Nursing Assistants in the Renal Dialysis Unit into activities at one time handled only by physicians; and clarifying Special Services and Research Committee policies in regard to funding, and investigational drug usage. This brief sampling gives an indication that the necessary combination of patient care, education, and research, in itself, brings about complex and interesting problems.

Some aspects of 1967 may be indicators of things to come in future years. These are the establishment of a Computer Orientation Course, open to all members of the hospital staff, and attended last year by twelve members of the Medical Staff; the initial steps in development of a mark sense "computerized" history and physical examination format for patients with suspected appendicitis; and the considerable use of data processing in the

Departments of Pharmacy, Clinical Laboratory Services, and Radiology.

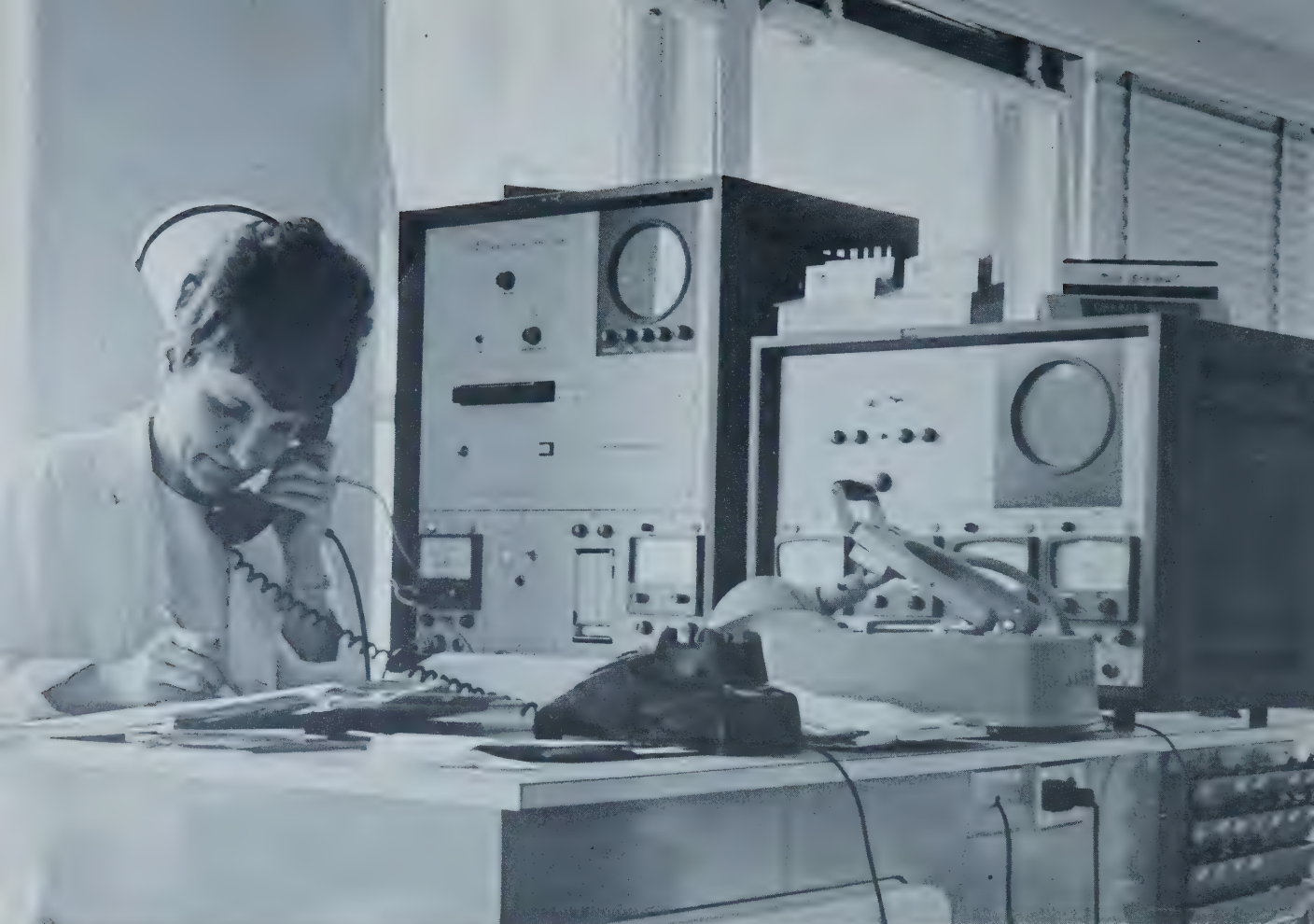
The year 1967 also had its problems that obviously would not be solved within the year: the closure of wards, the impact of which was felt not only in regard to patient care, but in educational activities; the need for a Unified Numbering System in relation to patients' records; the relationships of the various laboratories within the hospital; and the ever-growing load of administrative responsibilities faced by almost every department and division head (only partially solved to date by the creation of administrative assistants, and more secretarial help).

Appointments, by name, to the Medical Staff are outlined in departmental reports. However, in summary, the Medical Staff, in 1967, grew by eleven active staff members, two courtesy staff members, one consulting staff member (plus two transfers from the active category), four scientific and research associates, with the addition of twenty-one people with Superintendent's Privileges. There were four resignations.

The house staff establishment in 1967 increased by twelve, with the average number of staff in this year being twenty-four interns, and 130 senior house staff. Secondments to other hospitals, particularly the Royal Alexandra Hospital, increased markedly.

The year 1967 was also a year of many demands being placed on the Medical Staff by the Planning Office. This opportunity is taken to thank the Medical Staff, in spite of their many other pressing duties, for their time and effort given to the Planning Office, in the development of requirements for the Health Sciences Centre.

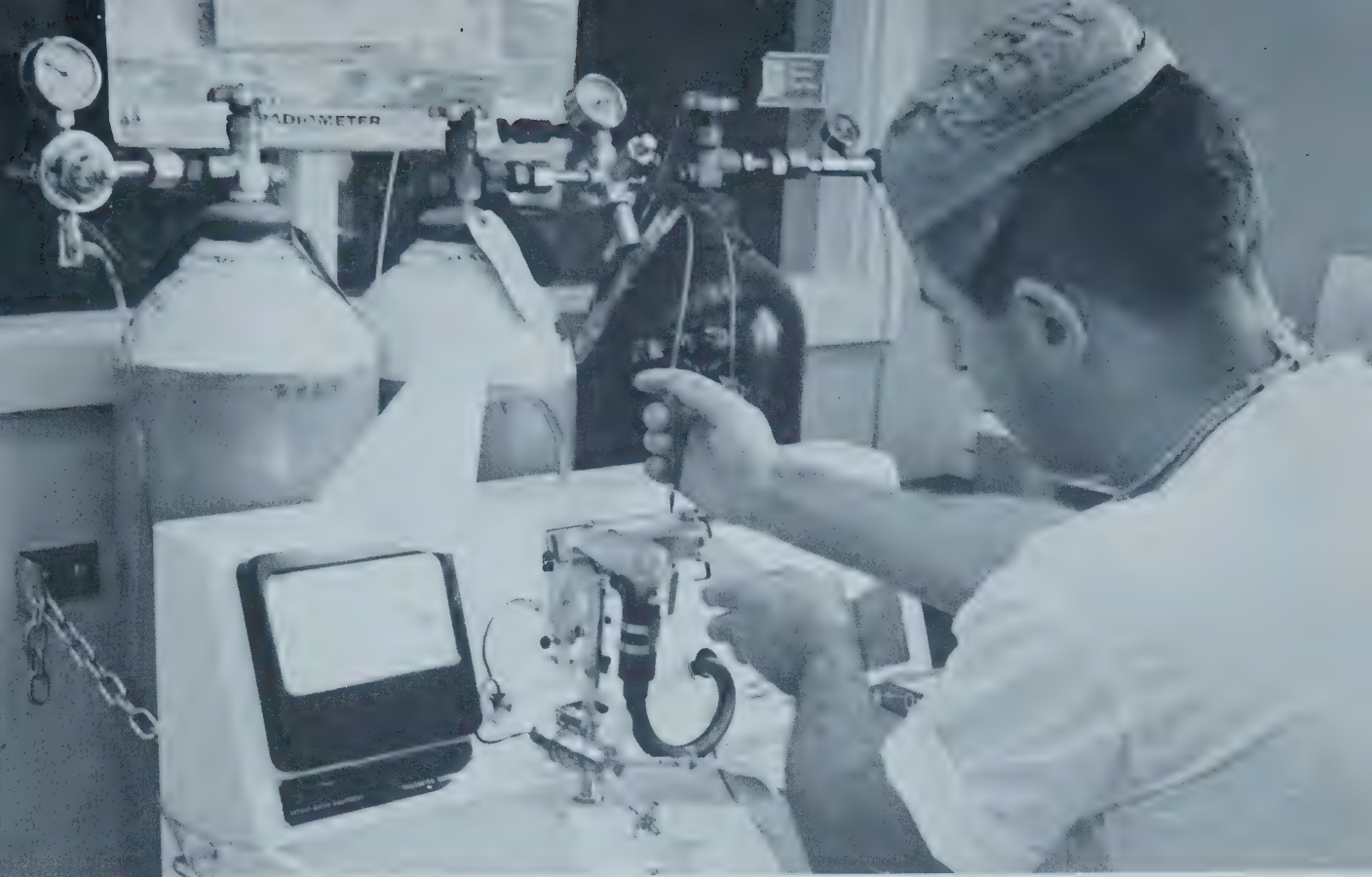
A new Medical Director was appointed in 1967, after almost a year with no one in this position on a full-time basis. I would like to say that the rewards of this first year have been extensive, not only because of the realization of anticipated help from a great many medical staff department heads and committees, but also because of the great amount of help and co-operation from the very large number of individual members of the staff, reflecting a spirit so frequently predominant in the Medical Staff of the University of Alberta Hospital.



CARDIAC MONITORING EQUIPMENT
IN RECOVERY ROOM

BUSINESS OFFICE

LOADING SURGICAL BUNDLES IN
AUTOCLAVE FOR STERILIZATION



CHECKING BLOOD SAMPLES DURING
SURGERY FOR ANAESTHETIC CONTROL

IRONING SHEETS IN LAUNDRY

EXERCISE CLASS FOR PATIENTS
WITH BACK CONDITIONS



MISS M. GENEVA PURCELL

report of the director of nursing

The major activities in the Nursing Department centered on the acute shortage of nursing staff. An active recruiting campaign was initiated, and an in-depth study was conducted by Kates, Peat, Marwick & Co., consultants.

In order to develop better communication, Medical-Nursing Liaison committees were organized. Ward Management courses were conducted for newly appointed charge nurses, and inservice education programmes were concentrated within the service departments.

A programme for graduate nurses in Operating Room Technique and Management was started, and the Cardiovascular Course was planned.

The nursing care requirements were studied in several areas and staffing standards and patterns were approved. The increasing needs of patients and the complexity of patient care continues to be a problem. The constant care hours increased by 18,844 hours over 1966.

The opening of the Family Clinic, the Renal Dialysis Unit, and one more Operating Room theatre, and the re-opening of one unit in the Mewburn Pavilion required increased establishment.

The Nursing Service staff turnover was as follows:

General Duty Nurses (full time)	71.8%
Nursing Officers	22.7%
Charge Nurses	24.7%
Assistant Charge Nurses	34.6%
Certified Nursing Aides	70.6%

There were thirty-two general duty nurses, twenty-two certified nursing aides, and eighteen psychiatric nurses, added to the nursing establishment. The nursing reserve members provided the equivalent of forty-two full-time graduate staff.

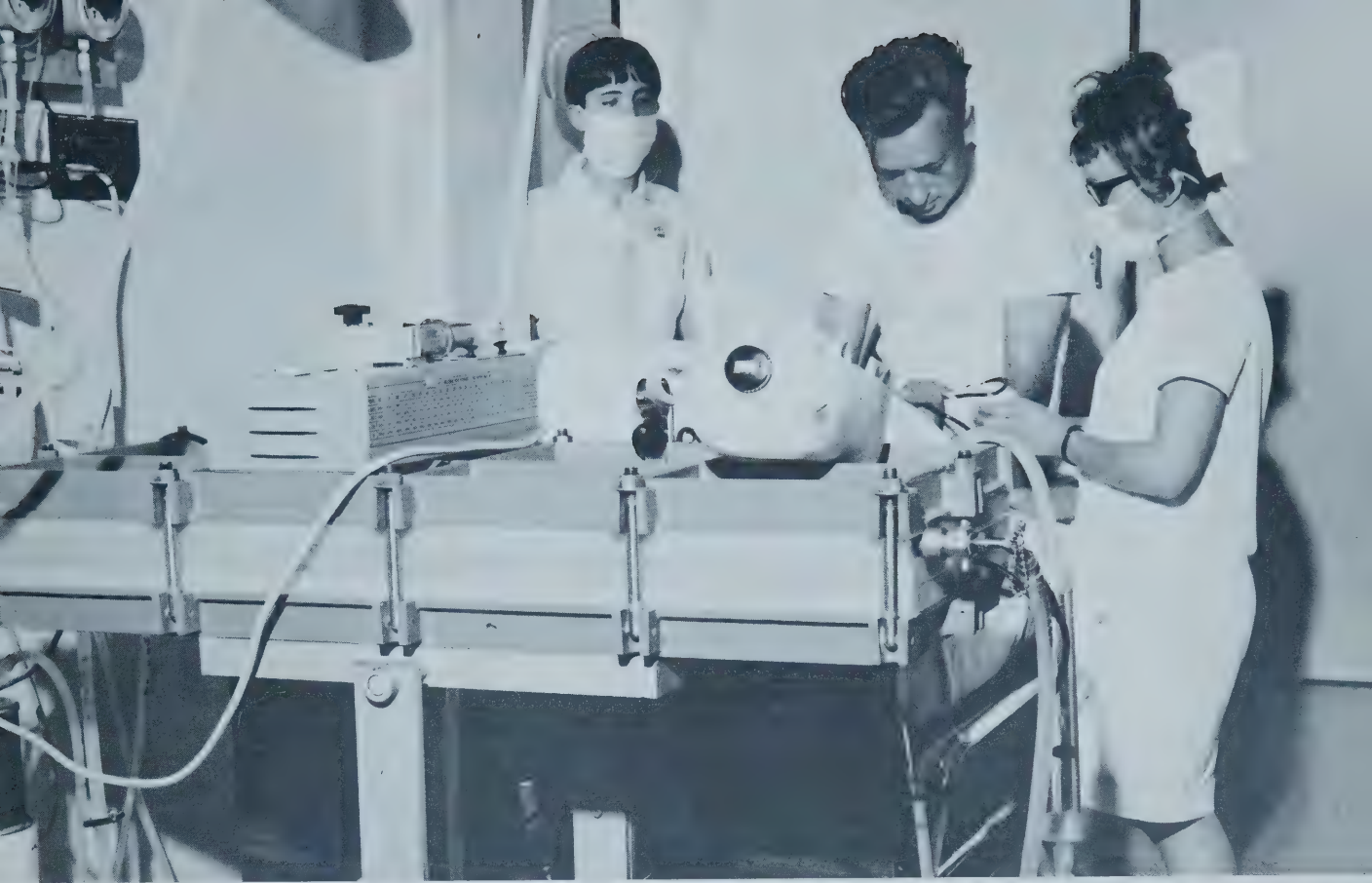
Preparation of staff for future positions in the hospital is provided through leave of absence for university study, short courses, and institutes. Six members were on leave for university study, and eighty members attended other types of educational programmes.

THE SCHOOL OF NURSING

One hundred and twenty-eight students enrolled in the September class. The school enrollment stands at four hundred and eighteen students. One hundred and fifty-three students graduated this year. The attrition rate was 15.7%.

The new school calendar was published. The entrance requirements were revised, and capping exercises were discontinued.

The school curriculum was studied and revised. An integrated programme has been planned for the junior year and the senior year programme has been reorganized.



RENAL DIALYSIS UNIT
SUPPLIES BEING UNLOADED
BY STORES DEPARTMENT
MEDICAL RECORDS CHART ROOM





medical staff

Left: DR. J. D. M. ALTON: *President, Medical Staff*

Right: DR. R. A. MACBETH: *Chairman, Medical Advisory Board*

DEPARTMENT OF MEDICINE

Director, Dr. D. R. Wilson

Head of Division

Dr. R. S. Fraser—Cardiology
Dr. B. J. Sproule—Chest Disease
& Pulmonary Function
Dr. P. L. Rentiers—Dermatology
Dr. L. E. McLeod—Endocrinology
& Metabolism
Dr. D. R. Wilson—
Internal Medicine
Dr. G. Monckton—Neurology

Active Staff

Dr. David M. Bell
Dr. Gordon I. Bell
Dr. G. D. Brown
Dr. M. M. Cantor
Dr. E. F. Donald
Dr. J. Dvorkin
Dr. A. M. Edwards
Dr. J. Frank Elliott
Dr. R. S. Fraser
Dr. J. A. L. Gilbert
Dr. S. E. Greenhill
Dr. F. A. Herbert
Dr. H. Jacobs
Dr. E. G. Kidd
Dr. Simon Lee
Dr. A. S. Little
Dr. L. E. McLeod
Dr. G. Monckton
Dr. P. L. Rentiers
Dr. F. B. Rodman
Dr. R. E. Rossall
Dr. J. W. Scott
Dr. R. W. Sherbaniuk
Dr. B. J. Sproule
Dr. R. K. Thomson
Dr. R. H. Wensel
Dr. D. R. Wilson

Courtesy Staff

Dr. T. H. Aaron
Dr. A. Cairns
Dr. W. R. St. Clair
Dr. R. H. Whiting
Dr. M. K. Young

Consulting Staff

Dr. J. A. Aylesworth (Tuberculosis)
Dr. G. H. Ball (Public Health)
Dr. W. J. Downs (Tuberculosis)
Dr. J. C. McPherson (Tuberculosis)
Dr. J. W. Pearce (Physiology)
Dr. E. S. Orford Smith (Public Health)
Dr. H. H. Stephens (Tuberculosis)
Dr. A. Brinsmead (Admin. - D.V.A.)

Honorary Staff

Dr. G. R. Davison (Tuberculosis)
Dr. G. M. Little (Public Health)
Dr. A. C. McGugan (Public Health
and Admin.)
Dr. R. M. Shaw (Medicine)
Dr. P. H. Sprague (Medicine)

DEPARTMENT OF SURGERY

Director, Dr. R. A. L. Macbeth

Head of Division

Dr. R. A. L. Macbeth—General Surgery
Dr. T. J. Speakman—Neurosurgery
Dr. T. A. S. Boyd—Ophthalmology
Dr. O. Rostrup—Orthopaedic Surgery
Dr. K. A. C. Clarke—Otolaryngology
Dr. J. D. M. Alton—Plastic Surgery
Dr. J. C. Callaghan—Thoracic &
Cardiac Surgery
Dr. J. O. Metcalfe—Urology

Active Staff

Division of General Surgery

Dr. R. L. Anderson
Dr. R. J. Johnston
Dr. S. Kling
Dr. R. A. L. Macbeth
Dr. A. B. McCarten
Dr. W. C. MacKenzie
Dr. B. Michalshyn
Dr. H. T. G. Williams
Dr. G. L. Willox
Dr. T. S. Wilson

Division of Neurosurgery

Dr. P. B. R. Allen
Dr. G. K. Morton
Dr. T. J. Speakman

Division of Otolaryngology

Dr. W. S. S. Armstrong
Dr. K. A. C. Clarke
Dr. P. T. Quinlan
Dr. T. C. Wilson

Division of Ophthalmology

Dr. T. A. S. Boyd
Dr. D. T. R. Hassard
Dr. M. R. Marshall
Dr. D. L. Rees

Division of Thoracic & Cardiac Surgery

Dr. J. C. Callaghan
Dr. C. M. Couves
Dr. C. S. Dafoe
Dr. C. A. Ross

Division of Orthopaedic Surgery

Dr. G. W. Cameron
Dr. M. A. Emery
Dr. J. R. Huckell
Dr. R. G. Huckell
Dr. D. C. Johnston
Dr. O. Rostrup
Dr. G. L. Wilson

Division of Urology

Dr. T. Eid
Dr. R. R. Francis
Dr. W. H. Lakey
Dr. J. O. Metcolfe

Division of Plastic Surgery

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